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PTO/SB/21 (10-08) Approved for use through 11/30/2008. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/814,723 Filing Date 03/31/2004 TRANSMITTAL First Named Inventor OFEK, YORAM **FORM** Art Unit 2618 Examiner Name TRINH, TAN H (to be used for all correspondence after initial filing) Attorney Docket Number OFE 1855 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ~ Drawing(s) Fee Transmittal Form Appeal Communication to Board of Appeals and Interferences Licensing-related Papers 1 Fee Altached Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Petition Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer below): Extension of Time Request (1) Response to Office Action Request for Refund (3 Pages) **Express Abandonment Request** CD. Number of CD(s) Information Disclosure Statement Landscape Table on CD Remarks Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Sitrick & Sitrick Signature Printed name DAVID H. SITRICK Reg. No. 29,349 Date **NOVEMBER 12, 2008** (671) 273-8300] CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO for deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date November 12, 2008 DAVID H. SITRICK Typed or printed name

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PTO/SB/17 (10-08) Approved for use through 08/30/2010. OMB 0651-0032 Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of Information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. ees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/814,723 RANSMI 03/31/2004 Filing Date For FY 2009 First Named Inventor OFEK, YORAM TRINH, TAN H **Examiner Name** Applicant daims small entity status. See 37 CFR 1.27 Art Unit 2618 **OFE 1855** TOTAL AMOUNT OF PAYMENT (\$) 70.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Deposit Account Name: SITRICK & SITRICK Deposit Account Deposit Account Number: 50-1166 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) ✔ Credit any overpayments • under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** SEARCH FEES FILING FEES Small Entity Small Entity Small Entity Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Application Type Fee (\$) Fee (\$) 220 110 330 540 270 Utility 165 70 140 220 100 50 110 Design 170 85 220 330 165 110 Plant 650 325 330 165 540 270 Reissue O n 220 0 110 Provisional Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 26 52 Each claim over 20 (including Reissues) 220 110 Each independent claim over 3 (including Reissues) 195 390 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Total Claims Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Fee (\$) Indep. Claims Extra Claims - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) <u>Total Sheets</u> _(round up to a whole number) x Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) \$70.00 Other (e.g., late filing surcharge): ONE [1] TERMINAL DISCLAIMER FEE [SMALL ENTITY] SUBMITTED BY Registration No. Telephone (847) 877-4411 29,349 Signature (Attorney/Agent) Date NOVEMBER 12, 2008

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DAVID H. SITRICK

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